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# How depression affects children

## What is depression?

Feeling depressed is more than just feeling sad. It's normal to feel sad as a result of being hurt or of losing something or someone special. Depression affects people's thinking. They see themselves and the future negatively. Along with feeling sad or irritable it may seem that nothing is worthwhile.

From time to time everyone feels depressed but it usually doesn't last. A clinical diagnosis of depression is made only when the depressed mood has lasted more than two weeks, when it is intense, and when the symptoms of depression interfere with the person's ability to manage everyday things.

Depression in children is more common than most people would expect. Studies carried out in Australia and in the USA have estimated that 3% of children may suffer from depression.<sup>1</sup> The number of children who experience a clinical depression increases with age. There are fewer preschoolers and more teenagers diagnosed with clinical depression.



## What would you notice in a child with depression?

Children with clinical depression are hard to engage and motivate. Their low mood may be constant. They may cry and whinge and be very difficult to soothe. The child may become irritable easily. Outbursts of anger may result in feelings of misery and guilt. Teaching staff may notice that the child looks sad and withdrawn or seems especially sensitive.

## Signs of depression in children

Children are often unable to explain how they are feeling, especially when depressed. In diagnosing depression mental health professionals look for key signs and symptoms in children's behaviour. When several of the following signs or symptoms occur together and are out of character for the child, they indicate psychological distress and need attention.

### What you might notice in a child with depression

Symptoms and signs	What you might notice
<b>Loss of pleasure</b>	Uninterested in usual activities
<b>Apathy</b>	Bored, hard to motivate
<b>Fatigue</b>	Tired all the time
<b>Psychomotor retardation (Slowed movements)</b>	Dawdling, dragging self around
<b>Restlessness</b>	Fidgeting, can't settle
<b>Irritability</b>	Cranky, bad-tempered
<b>Agitation</b>	Nervous, jumpy
<b>Sleep problems</b>	Problems going to sleep or staying asleep, waking early, or sleeping a lot
<b>Sadness</b>	Unhappy, seems "down" most of the time
<b>Worthlessness, feeling unloved</b>	Feels bad about him/herself
<b>Guilt</b>	Blames him/herself excessively
<b>Social withdrawal</b>	Lonely, avoids other people
<b>Accident prone, thoughts of suicide</b>	Talks about death or hurting him/herself
<b>Poor concentration</b>	Doesn't listen, can't focus on tasks
<b>Memory difficulties</b>	Forgets details, forgets to do tasks
<b>Impaired thinking processes</b>	Draws wrong conclusions, expects the worst in every situation
<b>Impaired decision making</b>	Can't make up mind

When adults are depressed feelings of sadness are often very obvious. In children irritability may be more noticeable than sadness. Sleep changes in children are more likely to be a change to sleeping less rather than sleeping more. Loss of appetite and weight loss sometimes occur in children but are less common than in adults with depression.

As well as behaviours that can be observed, children with depression have thoughts of self-criticism and hopelessness. For example, depressed children may think their parents or carers favour other children in the family or that they are useless and "a waste of space". Some children also have thoughts of suicide.

Suicide attempts are rare under the age of 12 years but they do occur. It is important to take seriously any talk about wanting to die or hurt oneself from a child of any age. Whether such talk represents a clear intention of suicide or is a dramatic way of expressing feelings of depression, it indicates a high level of distress that requires attention.

## What puts children at risk of depression?

- Children who get depressed often live in families where other members have also experienced depression. This may be due to genetic factors. Alternatively it may be that living with adults who are depressed may change how parents or carers and children relate. A depressed parent may be struggling so much with their own illness that they have less time to spend with the child and they are less able to have fun with them. A third possibility is that the stress affecting the child affects the whole family.
- Stressful events such as death of a parent, parental divorce, changing school, being rejected or being bullied may trigger an episode of depression in children. This is more likely in children with anxious temperaments and when multiple risk factors and few protective factors are present.
- Children who have an early episode of clinical depression have a heightened risk of having another episode later in their life.

## What helps to protect children from depression?

- Children with easy temperaments who are able to regulate or get control over their emotions are less likely to develop depression. Children can also learn skills for controlling their emotions.
- Having warm and supportive relationships helps to provide protection from depression. Parents and carers, teachers and friends who provide support help to buffer the effects of life stresses. They also provide models for children to learn problem solving and coping skills.

## How is depression diagnosed?

If you are concerned that a child may have depression you should seek a mental health assessment. Your school counsellor or psychologist or family doctor can help with this. They may refer you and your child for expert assessment to a psychologist, psychiatrist or counsellor who works with children.

There is no single test that can tell us whether a child has clinical depression or is just feeling down. The diagnosis of clinical depression depends very much on how intense the symptoms are and how much they interfere with the child's ability to get on with everyday things.

To help with the diagnosis, the mental health professional will need to find out about emotional states, physical

changes and stresses that have been experienced by the child in the last few months. This information will be gathered by talking to parents and carers, the child themselves and where possible also to teachers. Sometimes parents and carers will be given questionnaires that help to assess the severity of symptoms and their effects on the child. The mental health professional will use this diagnostic information to put together a treatment plan that will suit the child and the situation.

### Types of clinical depression

Major Depression is diagnosed when symptoms are severe enough to cause problems at home, at school and with friends.

Dysthymia may be diagnosed when symptoms are milder but continue for

a long time and limit the child's ability to cope with everyday situations.

### Depression and other mental health problems

Depression and anxiety often occur together. Symptoms of anxiety in children include having fears and worries and complaining often of aches and pains. See the KidsMatter resource pack on *Children with anxiety problems* for further information.

Depression and Conduct Disorder may also occur together, especially when the child gets closer to adolescence. The KidsMatter resource pack *Children with serious behaviour problems* provides further information on Conduct Disorder.

## What treatments are effective?

Psychological treatments are best for depression in children. While antidepressant medication has been found to be helpful for adults the evidence of its effectiveness for children is unclear. There is debate amongst medical researchers about the safety of anti-depressant medication for children. The *beyondblue* Fact Sheet for Parents and Carers: Antidepressants for the treatment of depression in children and adolescents provides detailed guidelines for parents, carers and professionals about the use of antidepressant medication in children. It is available at [www.beyondblue.org.au/index.aspx?link\\_id=7.246](http://www.beyondblue.org.au/index.aspx?link_id=7.246)

Evidence shows that psychological treatment can:

- reduce the time it takes to recover from depression
- decrease the likelihood that another bout of depression will occur.

Coping skills learned in treatment help to protect the child from getting depressed again.

Cognitive Behaviour Therapy is a particularly helpful psychological treatment for children. It helps by identifying the negative thinking patterns that lead to feeling depressed and teaching children skills for changing them. The therapy will be tailored to the individual child, but is likely to include learning skills for:

- telling the difference between optimistic and pessimistic thoughts
- challenging the child's own negative thinking patterns
- solving problems more effectively
- relaxation and exercise
- engaging in activities that the child enjoys.

The therapy can be offered in groups or to an individual child.

Psychological treatments that involve the whole family are also helpful and are especially important in treatment for young children. Parents and carers can play a key role in encouraging children to use the new coping strategies and setting up opportunities for practising them.

To get the best outcome a treatment plan needs to include strategies to modify the stresses experienced in the child's environment. For example, if the child is being bullied, action should be taken to stop it. If there is conflict in the child's family, this should be addressed. If there is a family member who is also suffering from depression, they may be encouraged to seek help for themselves as well as for the child.

To assist children with depression it is important to have a coordinated approach both at home and at school.

## How to assist children with depression

Depression is a common disorder but it is often overlooked in children. Since the symptoms of depression are often negative behaviours (e.g., irritability, whingeing) it is easy for adults to feel annoyed by them and to blame or punish the child for his or her behaviour. This can lead to missing other signs of depression. Paying attention to children's underlying emotional states will help adults notice signs of depression earlier so that help can be accessed.

When you are concerned about changes in children's behaviour and mood that suggest they may be feeling depressed the first step is to talk with them. Even when children are not able to explain why they are unhappy talking with them about problems in a supportive way can often start to improve their mood. If the child's mood and behaviour does not improve in a few weeks it is important to seek help from a mental health professional.

### General principles for assisting children with depression

- **Make time to listen**

Let the child know that it is okay to ask for help and that you are ready to listen to whatever he/she wants to say. If a particular situation has caused him/her distress, help the child to solve the problem or find ways yourself to improve the situation.

- **Shift their focus onto other things**

When children are depressed their thinking gets clouded by lots of negatives. The more they think about them, the bigger they become. Encouraging children to keep up with normal routines and activities helps to distract them from negative thinking patterns.

- **Keep active**

Depression slows down children's bodies as well as their minds. Keeping active helps to restore physical health and improves children's mental and emotional wellbeing.

- **Seek professional help**

When concerned about a child who may have depression, take prompt action to seek help.

Further ideas for helping children with depression are provided in the accompanying materials: *Assisting children with depression – suggestions for parents and carers* and *Assisting children with depression – suggestions for teaching staff*.

For an example that shows the kinds of symptoms found in a child with depression, read the parenting information sheet titled *What's making Danielle so moody?*

<sup>1</sup> Sawyer, M. G., Arney, F. M., Baghurst, P. A., Clark, J. J., Graetz, B. W., Kosky, R. J., et al. (2001). The mental health of young people in Australia: Key findings from the child and adolescent component of the National Survey of Mental Health and Well-Being. *Australian and New Zealand Journal of Psychiatry*, 35(6), 806-814.

For further information on depression look for the accompanying KidsMatter list *Children with depression – Other resources*.

Further information on KidsMatter is available at [www.kidsmatter.edu.au](http://www.kidsmatter.edu.au)



This resource is part of the KidsMatter trial. The team at KidsMatter welcomes your feedback at [www.kidsmatter.edu.au](http://www.kidsmatter.edu.au)



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